Joan of Arc, creative psychopath: is there another explanation?

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Introduction

Since Pinel described 'manie sans delire', arguments have continued as to the validity of the concept which has now come to be termed psychopathy²⁻⁴. Cleckley⁵ has described criteria on which this diagnosis can be made, but more recently Gunn⁶ has criticized these criteria as being 'judgemental, moralistic and some, for example the absence [original italics] of suicidal behaviour, cannot be regarded as true criteria at all'. Lewis³ has noted that maladaptive behaviour and the balance of components of personality are not matters for direct observation, and individual investigators widely differ in judging them. Recently, Davies and Feldman⁷ questioned 34 forensic psychiatrists on 22 alleged signs of psychopathy and found that, though a large number of signs were recognized, there was much disagreement about the diagnostic importance of each. Hare and Cox8 have claimed that the diagnosis of psychopathy can be made reliably using Cleckley's criteria if it is being made for research rather than clinical purposes.

Henderson's creative psychopathy

Henderson⁹ described three groups of psychopaths: (1) predominantly aggressive, (2) predominantly passive and (3) predominantly creative. Within the last category he discussed the issue of genius, giving as examples Lawrence of Arabia and Joan of Arc. He felt that a 'brain so highly sensitized as that of a genius is one which is particularly liable to fail, to a certain extent anyway, under the heavy strain which it has to carry'. He went on to say that he thought 'of genius as being associated with a state of mental imbalance, of heightened sensitivity, of disordered mental equilibrium due probably to the attempt to get square with reality and even more to dominate reality as a compensation for the inner unresolved conflicts which dominate conduct. This attempt at domination is on an analogous basis to the attempt of the aggressive and inadequate psychopath to control the situation just as the genius does, who more than any other, shows an intermixture of aggressive and inadequate trends'. To illustrate this he looked at the lives of Joan of Arc and Lawrence of Arabia in some detail.

With regard to Joan of Arc, Henderson⁹ described the voices she claimed to hear as being a compensatory phenomenon following a rather harsh and punitive upbringing. He felt that the voices enabled her to acquire trust and confidence in herself and that the voices were not of a hysterical or psychotic nature. Other factors suggestive of creative psychopathy were Joan of Arc's psychosexual immaturity, the manner in which she dealt with the King and other Court officials, her disregard

for public opinion and her claims to being an ambassador and plenipotentiary of God. He also pointed out that 'her mastery of soldiery, her ability to influence the Court, the manner in which she defended herself at her trial, are all indicative not merely of an intelligence but of an individuality which is outstanding'.

Joan of Arc

Information about Joan of Arc has been recorded in documents relating to her trial and in evidence gathered for her rehabilitation twenty years later, after her death. She was born in Domremy c. 1412. Her father has variously been described as a ploughman¹⁰, keeper of a cattle pound¹¹, and a low-ranking official¹², and her parents as simple farm labourers¹³. Her early childhood, in the village where she was born, has been described as harsh and she received no formal teaching though her mother taught her basic household skills. She also tended her father's cattle, though legend has it that she was a shepherdess. She was about 13 when she first heard voices. The description of this first experience is quoted in Smith's Joan of Arc11: 'she had a voice from God to help her to know what to do. And on this first occasion she was very much afraid ... She heard the voice upon the right side and rarely heard it without accompanying brightness ... after she heard this voice upon three occasions, she understood that it was the voice of an angel'. She later went on to claim that she heard and saw St Michael, St Catherine and St Margaret¹⁴.

Joan of Arc's behaviour in her teens was quite exceptional for a female living during that period. She raised a siege, won a battle and tried to help the Dauphin of France regain lost territory from the English and Burgundians. Her character has been variously described as pious, brave, charming and lovable but also as quite ruthless and cruel. She was also well known for her avowed virginity and her liking to dress in male clothes. Eventually she engaged in a battle with the Burgundians even though she knew she was outnumbered by them and was finally captured. On this occasion she claimed that she had been misled by her voices. The Burgundians handed her over to the English for a sum of money in 1431 and she stood trial. She was found guilty but signed a form of abjuration and was condemned to imprisonment. However, a few days later she was found to have dressed in male clothes again and was said to have 'relapsed into heresy'11. She was then sentenced to be burnt at the stake. She died in this manner and it was well documented that her heart^{10,12} and parts of her intestines¹¹ did not burn and were later collected and thrown into the River Seine.

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Some historical and pathological aspects of tuberculosis

Many of these facts can be explained by the hypothesis that Joan of Arc suffered from tuberculosis with a temporal lobe tuberculoma and tuberculous pericarditis. What were almost certainly tuberculosis lesions have been found in the vertebrae of Neolithic men in Europe and of Egyptian mummies as early as 3700 BC15. Tuberculous lymphadenitis ('scrofula') was widespread in mediaeval Europe, and in Europe and North America tuberculosis an already prevalent illness - increased to a peak in incidence in the eighteenth century. Human infection by bovine tuberculous bacilli was at one time widespread in Britain and Europe owing to extensive infection of cattle and spread to man through infected milk. Cowmen were also infected by the respiratory route¹⁶. In addition, the alimentary tract was frequently the site of childhood tuberculosis and this was due to infection by bovine bacilli in milk. Calcification of chronic lesions, especially mesenteric nodes, was not unusual¹⁷. Tuberculosis pericarditis was also not an uncommon complication in chronic infection. Calcification often occurred in chronic tuberculous pericarditis¹⁸. Tuberculous granulomas were considered to be a very common form of intracranial tumour and are still far from rare, especially in areas where tuberculosis is rife¹⁹. In India, Dastur and Desai²⁰ reported that of 373 verified intracranial tumours in the years 1957-1967, 30.5% were tuberculomas. In the USA prior to 1900, approximately one-third of all intracranial tumours were found to be tuberculomas and this was most common in children and young adults²¹. Supratentorial tuberculomas often cease to enlarge after a time19 and complete healing with occasional calcification occurs²¹.

The other explanation

It is possible to explain Joan of Arc's experiences and behaviour in terms of a widespread chronic tuberculous infection which became inactive in some organs and calcified in others. Thus, it is highly likely that she contracted the bovine form of tuberculosis. This is more so because she tended her father's cattle and the bovine form of tuberculosis was particularly rife at this time¹⁶. Much as been made of her cachectic appearance and amenorrhoea, which could have been an indication of such an infection. Calcification of the tuberculous mesenteric glands and chronic tuberculous pericarditis could account for the heart and parts of the intestines being intact after she was burnt at the stake. A tuberculoma in the temporal region could account for her hallucinatory experiences, or at least the earlier phase of them, whether or not it predisposed to a schizophrenic-like illness, and her later behaviour; and increased concern with philosophical, moral or religious issues often in striking contrast to the person's educational background and an increased rate of religious conversions²², and personality traits and personality disturbances, psychotic disturbances, disturbances of sexual function and

complex formed visual and auditory hallucinations resulting from chronic temporal lobe lesions, are well documented²³.

Though similar cases have not been described in the literature, a similar phenomenon may well occur in countries where tuberculosis is still common, with such individuals having hallucinatory experiences secondary to tuberculosis and enjoying an enhanced or special status in their community, especially if the hallucinations and secondary delusions are of a mystical or religious nature.

References

- 1 Pinel PP. Traité medico-philosophique sue l'alienation mentale, ou la manie. 2nd ed. Paris: J A Brosson, 1809
- 2 West DJ. Psychopathic offenders. Cambridge: Institute of Criminology, 1968
- 3 Lewis A. Psychopathic personality: A most elusive category. Psychol Med 1974;4:133-40
- 4 Scott PD. Psychopathic disorders. In: Kraus S, ed. Encyclopaedic handbook of medical psychology. London: Butterworths, 1976:421-31
- 5 Cleckley H. The mask of sanity. 3rd ed. St Louis: Mosby, 1955
- 6 Gunn JC. Sociopathic (psychopathic) personality. In: Russell GFM, Hersov LA, eds. *Handbook of psychiatry*, vol 4. Cambridge: University Press, 1983:403
- 7 Davies W, Feldman P. The diagnosis of psychopathy by forensic specialists. Br J Psychiatry 1981;138:329-31
- 8 Hare RD, Cox DN. Clinical and empirical conceptions of psychopathy and selection of subjects for research. In: Hare RD, Schaling D, eds. Psychopathic behaviour: Approaches to research. Chichester: Wiley, 1978:1-22
- 9 Henderson DK. Psychopathic states. London: Chapman and Hall, 1939:112
- 10 Encyclopaedia Britannica. Joan of Arc. Chicago: Benton, 1980: vol 10, 225-9
- 11 Smith JH. Joan of Arc. London: Sidgwick and Jackson, 1973
- 12 Lucie-Smith E. Joan of Arc. London: Allen Lane, 1976
- 13 Madden R. Phantasmata, vol 12. London: Newby, 1857
- 14 Warner M. Joan of Arc-Image of female heroism. London: Weidenfeld & Nicolson, 1981
- 15 Morse D, Brothwell DR, Ucko PJ. Tuberculosis in Ancient Egypt. Am Rev Respir Dis 1964;90:524
- 16 Crofton J, Douglas A, Respiratory diseases. 4th ed. Bath: Pitman, 1981
- 17 Walter JB. Israel MS. General pathology, 4th ed. London: Churchill Livingstone, 1974
- 18 Sappir O. Non-rheumatic Inflammatory disease of the heart: Pericarditis. In: Gould SE, ed. Pathology of the heart. Illinois: C C Thomas, 1960:703
- 19 Greenfield JG, Blackwood W, McMenemy WH, Meyer A, Norman RM. Neuropathology. London: Edward Arnold, 1958:147
- 20 Dastur HM, Desai AD. A comparative study of brain tuberculomas and gliomas based on 107 case records of each. Brain 1965;88:375-96
- 21 Merritt HH. A textbook of neurology. 4th ed. Philadelphia: Lea and Febiger, 1968;293-5
- 22 Gerschwind N. Behavioural changes in temporal lobe epilepsy. Psychol Med 1979;9:217-19
- 23 Lishman WA. Organic psychiatry. Oxford: Blackwell, 1978

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